

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	648U	648U	8/2
<b>O.I.P.E. CLASSIFIER</b>	59	59	86
<b>FORMALITY REVIEW</b>	59593		8-20-99

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/20/99
2	✓	✓	8/20/99
3	✓	✓	8/20/99
4	✓	✓	8/20/99
5	✓	✓	8/20/99
6	✓	✓	8/20/99
7	✓	✓	8/20/99
8	✓	✓	8/20/99
9	✓	✓	8/20/99
10	✓	✓	8/20/99
11	✓	✓	8/20/99
12	✓	✓	8/20/99
13	✓		
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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